

CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF THE INSPECTOR GENERAL
DIVISION OF HEALTH CARE FACILITIES & SERVICES
PROGRAM REVIEW FEE - WORKSHEET
HEALTH FACILITY IDENTIFICATION

Project Description _____
(Please attach narrative detailing program requirements of project)

Contact Name _____
(Architect, Engineer, etc.)
Firm _____
Address _____
City, State, Zip Code _____ Phone: _____

Facility Name* _____
(The licensed entity under which this project will operate) *If this is a new facility yet to be licensed, check here ☐
Address _____
City, State, Zip Code _____ Phone: _____

Facility Owner _____
(If different from above)
Address _____
City, State, Zip Code _____ Phone: _____

Project Information (check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Project within a Licensed Facility | <input type="checkbox"/> Addition (New Construction) | <input type="checkbox"/> Copy of CON, if required |
| <input type="checkbox"/> Contiguous/Connected to Licensed Facility | <input type="checkbox"/> Renovation Only | <input type="checkbox"/> State Owned Facility |
| <input type="checkbox"/> New Freestanding Structure | <input type="checkbox"/> Renovation & Addition | <input type="checkbox"/> Licensure Bed Change |

Instructions: When calculating the gross square feet in a project, one should measure the outside dimensions of the exterior walls involved. Please submit the completed worksheet to our Division along with a check for the appropriate amount. **The check should be made payable to the Kentucky State Treasurer** and shall accompany the first submission of the Design Documents.

New Construction (including Additions, Renovations, Licensed Bed Changes & Change of Room Function):

Gross Sq. Ft. _____ X \$0.05 per Sq. Ft. = _____

Minimum fee of \$100 for all reviews.

The above fee schedule will cover the entire review process, including all construction inspections.

TOTAL FEE AMOUNT: _____

RETURN TO: OFFICE OF THE INSPECTOR GENERAL
DIVISION OF HEALTH CARE FACILITIES & SERVICES
LICENSING AND DATA REVIEW BRANCH
CHR BUILDING, 275 E MAIN STREET, 5E-A
FRANKFORT, KY 40621-0001